local committee checklist:

committee contact details:

Name of Committee: Sligo University Hospital Research Ethics Committee

Contact Person: Aileen Concannon

Position: Administrator

Address: Level 6, Sligo University Hospital, The Mall, Sligo

Tel: 071 91 71111 ext 4204

E-Mail: [aileen.concannon@hse.ie](mailto:aileen.concannon@hse.ie)

Website (if any): [www.ref-sligo.ie](http://www.ref-sligo.ie)

committee remit:

Reviews applications to conduct research in:

1. Sligo University Hospital
2. Our Lady’s Hospital Manorhamilton
3. Community based studies in the Sligo University Hospital catchment area

sections of common form to be completed:

Complete all Sections with the Exception of Sections: to be decided

Local requirements (if any):

All applications should be typed and signed and dated by the principal investigator with this copy sent by post.

One copy of complete applications should be sent to the secretary by email

For research studies undertaken as part of an academic qualification, the academic supervisor must sign the REC application form

The REC may invite the PI to attend a REC meeting

For studies undertaken at Sligo University Hospital by researchers not employed at Sligo University Hospital, a person employed at SUH must be nominated as a local contact person for the study.

Local restrictions (if any):

None

fees:

Application fee of €600 for industry sponsored studies that fall outside the remit of SI190 (reduced fee of €150 for studies that have already been approved by another recognised REC

documents required (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents Required:** | **Number of Copies Required:** | **Yes / No / N/A** | **Document Version / Date** |
| Common Application Form | 1 e copy |  |  |
| Local Declaration and Signatory Page | 1 e copy |  |  |
| Research Proposal / Study Summary / Protocol / Clinical Investigational Plan (If applicable) | 1 e copy |  |  |
| Patient Information Leaflet(s) | 1 e copy |  |  |
| Informed Consent Form(s) | 1 e copy |  |  |
| Questionnaire(s) | 1 e copy |  |  |
| Interview Guide(s) | 1 e copy |  |  |
| Invitation Letter(s) | 1 e copy |  |  |
| Advertisement(s) | 1 e copy |  |  |
| Letters to Hospital/Nursing/Allied Health Professional Management | 1 e copy |  |  |
| GP information letter | 1 e copy |  |  |
| CV of Principal Investigator(s) signed and dated | 1 e copy |  |  |
| Any other relevant documents | 1 e copy |  |  |